

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 411File No. 6782Township UnionPrimary Registration District No. 2002Registered No. 1City Joplin(No. St. Johns HospitalSt. 2

Ward)

2. FULL NAME

(a) Residence, No. Willie Dean

(Usual place of abode)

Ward. ResidentLength of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteMarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OF (OR) WIFE OF

W. H. Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 22, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47420

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

1/1/37

11. Total time (years) spent in this occupation

37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cedar Springs Mo.

13. NAME

J. B. Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas Co. Tex.

15. MAIDEN NAME

W. H. Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cedar Springs Mo.

17. INFORMANT

(ADDRESS)

W. H. Dean
Resident

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grave Memorial

DATE

4/51937

19. UNDERTAKER

(ADDRESS)

Boice and Co
Joplin

20. FILED

2-5-37Ed D. James

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/21937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 25, 1937 to Feb. 2, 1937I last saw her alive on Feb. 2, 1937 Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
2-2-37

Other contributory causes of importance:

Cerebral Hemorrhage
Hyperlipidemia
Chronic pulmonary hypertension1-28-37

Name of operation

Date of

What test confirmed diagnosis? Ultrasound Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify O. T. Blake, M.D.(Signed) W. H. Dean, M. D.(Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

